

Fallopian tube recanalisation by guidewire

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

July 2004



Corporate member of
Plain English Campaign.
Committed to clearer communication.

197

Fallopian tube recanalisation by guidewire

Understanding NICE guidance – information for people considering the procedure, and for the public

Issue date: July 2004

To order copies

Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0632. A version in Welsh and English is also available, reference number N0633. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0633. The NICE interventional procedures guidance on which this information is based is available from the NICE website (www.nice.org.uk). Copies can also be obtained from the NHS Response Line, reference number N0631.

National Institute for Clinical Excellence

MidCity Place
71 High Holborn
London
WC1V 6NA

Website: www.nice.org.uk

ISBN: 1-84257-699-2

Published by the National Institute for Clinical Excellence
July 2004

Typeset by Icon Design, Eton
Print on Demand

© National Institute for Clinical Excellence, July 2004. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes within the NHS. No reproduction by or for commercial organisations is allowed without the express written permission of the National Institute for Clinical Excellence.

Contents

About this information	4
About fallopian tube recanalisation by guidewire	5
What has NICE decided?	8
What the decision means for you	9
Further information	10

About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called fallopian tube recanalisation by guidewire. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether fallopian tube recanalisation by guidewire is safe enough and works well enough for it to be used routinely for the treatment of infertility caused by blocked fallopian tubes.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of fallopian tube recanalisation by guidewire and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

About fallopian tube recanalisation by guidewire

The fallopian tubes are the tubes that connect the ovaries with the womb (also known as the uterus). Every month, an egg is released from one of the ovaries and it travels down one of the fallopian tubes to the womb. If the woman has sex, and one of the man's sperm fertilises the egg while it's on this journey, then a pregnancy begins. But if there is a problem in the fallopian tube, for example, if it's blocked in some way, fertilisation may be much less likely to happen and the woman may find it more difficult than expected to get pregnant.

Recanalisation means unblocking the tube. The recanalisation procedure is carried out at the same time as a woman has an X-ray test to check whether the fallopian tube is blocked (this test is called diagnostic salpingography). The doctor checks whether the tube is blocked and if it is and it seems that the blockage may be quite easy to clear, the doctor tries to clear it there and then.

A narrow tube called a catheter is put into the fallopian tube (this in itself may unblock the tube). The doctor then injects some dye through the catheter and into the fallopian tube. This dye can be seen using X-rays, so the doctor can see whether it comes straight out of the end of the fallopian tube or whether it gets held up by a blockage. Again, this injection may flush the

blockage away. But if the tube is still blocked after this, the doctor passes a narrow wire through the catheter and moves this around to try to unblock the fallopian tube.

Other methods of unblocking fallopian tubes involve gently inflating a small balloon in the blocked tube, or having an operation to remove the blockage.

How well it works

What the studies said

In one study:

- 321 out of 417 fallopian tubes (in 302 women) were unblocked successfully using the procedure (77% of the blocked tubes)
- 30 out of these 302 women who had the procedure became pregnant without having any more infertility treatment within 12 months of having the procedure (that's 10% of the women in the study). However, some or all of these women might have become pregnant without the treatment.

In another study:

- 176 out of 234 women had their fallopian tube or tubes unblocked successfully with the procedure (75% of the women in the study)

- 39 women out of these 176 women went on to complete their pregnancy normally (22% of the women whose tube or tubes had been unblocked). Again, some or all of these women might have become pregnant without the treatment.

What the experts said

One expert said that how well the procedure worked overall would depend on doctors making sure that they only offered it to women in whom it was likely to be successful.

Risks and possible problems

What the studies said

One of the main problems with the procedure in the studies was damage to the fallopian tube (perforation). In the study that involved 417 fallopian tubes in 302 women, this happened in 4 tubes (1%). At the other end of the scale, 4 out of 38 women had tubes damaged in this way in another study (11% of women).

Another problem that can happen if the fallopian tube has been damaged in some way during the procedure is that a fertilised egg moves slowly or gets trapped in the fallopian tube on its way to the womb. This is called a tubal or ectopic pregnancy. This happened in 1 out of 234 women (0.4%)

in one study, but in 3 out of 38 women (8%) in another.

Other problems in the studies were:

- infection – 2 out of 234 women had this in one study
- pain bad enough for painkillers to be needed – 7 out of 234 women had this in one study, and 4 out of 150 women had it in another study.

What the experts said

The experts thought that the main possible problems would be damage to the fallopian tube (perforation), bleeding in the abdomen, and infection.

What has NICE decided?

NICE has considered the evidence on fallopian tube recanalisation by guidewire. NICE has said that it's not possible to tell from the studies done so far whether the procedure actually improves the chance that a woman will become pregnant – in other words, it may not do any real good.

It has recommended that when doctors use it for women with blocked fallopian tubes, they should be sure that:

- the woman understands what is involved and agrees (consents) to the treatment, and
- the results of the procedure are monitored (this should include the numbers of women who become pregnant afterwards).

Other comments from NICE

NICE has made several comments about this procedure. Firstly, unblocking a fallopian tube successfully does not necessarily mean that the woman will become pregnant after the procedure. Also, there is a risk that the tube will be damaged during the procedure, and this could actually make it harder for the woman to become pregnant.

And although the results from studies showed a risk of having a tubal pregnancy after the procedure, the risk of this is generally higher in women with tube problems anyway, even when they don't have the procedure.

What the decision means for you

Your doctor may have offered you fallopian tube recanalisation by guidewire. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless, you should understand the benefits and risks of fallopian tube recanalisation by

guidewire before you agree to it, and you should also understand that having the procedure may not necessarily make it more likely that you will become pregnant. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on fallopian tube recanalisation by guidewire is on the NICE website (www.nice.org.uk/IPG071guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0631. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on fertility problems, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

Date: July 2004



*National Institute for
Clinical Excellence*

**National Institute for
Clinical Excellence**

MidCity Place
71 High Holborn
London
WC1V 6NA

www.nice.org.uk